

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 737746

1. Corporation Name

Bay Street Villas Homeowners Association, Inc

WA 1000022031

Principal Place of Business

Mailing Address

844 Bay Street
Sebring, FL 33870

844 Bay Street # 5
Sebring, FL 33870

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12-30-76

5. FEI Number

65-0775539

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PRES	Godfrey J Parsons "D"	971 SE Lakeview	Sebring, FL 33870
V PRES	LaVerne Antieau "D"	844 Bay Street # 4	Sebring, FL 33870
SEC/TR	Timothy Baldwin	605 Fielder Blvd	Sebring, FL 33870
	Gerald W Rensi "D"	844 Bay Street # 6	Sebring, FL 33870

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-10/17/97--01115--007
****481.25 ****481.25

8. Name and Address of Current Registered Agent

Jane Carr
844 Bay Street # 7
Sebring, FL 33870

9. Name and Address of New Registered Agent

Name
Lyle T Storlie
Street Address (P.O. Box Number is Not Acceptable)
844 Bay Street # 5
Suite, Apt. #, Etc.
City
Sebring
State
FL
Zip Code
33870

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date 9-22-97

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Godfrey J Parsons - President

09-22-97-941-3449623
Date Daytime Phone #

CR2E040 (12/96)

FILED

97 OCT 15 11:10:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

AW 93-97